



# CITY OF LONG BEACH

DEPARTMENT OF FINANCIAL MANAGEMENT

333 W Ocean Boulevard • Long Beach CA 90802

## REQUEST FOR BUSINESS LICENSE AMNESTY

APPLICANT'S NAME	
BUSINESS NAME	
BUSINESS ADDRESS	
TYPE OF BUSINESS	
TELEPHONE NUMBER	
SOCIAL SECURITY OR FEDERAL TAX ID NUMBER	

DATE(S) FOR WHICH AMNESTY IS REQUESTED

1.

2.

3.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**A COMPLETED BUSINESS LICENSE APPLICATION MUST BE SUBMITTED WITH THIS FORM TO:**

**CITY OF LONG BEACH**

**BUSINESS LICENSE SECTION**

**333 WEST OCEAN BOULEVARD – 4<sup>TH</sup> FLOOR**

**LONG BEACH CA 90802**

### OFFICE USE ONLY

BUSINESS LICENSE NUMBER:

AMNESTY GRANTED [    ]

AMNESTY DENIED [    ]

INSPECTOR AREA:

APPROVED/DENIED BY:

COMMENTS:
